

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28364

State File No. _____

FILED AUG 27 1946

Registration District No. 567

Primary Registration District No. 6076

Registrar's No. 1748

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis County Gardenville

(c) Name of hospital or institution:
4868 Heidelberg Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis County Gardenville
(If outside city or town limits, write "RURAL")

(d) Street No. 4868 Heidelberg
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lottie B. Reusch

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur H. Reusch

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 7, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>43</u>	<u>1</u>	<u>11</u>	hr. _____ min. _____
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name Otto Karl Weiner

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Herman

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur H. Reusch

(b) Address 4868 Heidelberg

17. (a) Burial (b) Date thereof Aug. 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) 8-22-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18,
year 1946 hour 4 minute 30 P.A.M.

21. I hereby certify that I attended the deceased from October 3,
1935, to Feb. 18, 1946

that I last saw her alive on July 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cardiac failure

Due to Chronic Endocarditis

Due to mitral stenosis

Other conditions _____ (Include pregnancy within 3 months of death) 92B

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) - Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address 607 N. Grand Blvd. Date signed 8/17/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Hugh R. Smith
Lutheran Hospital

SEP 20 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Earl Paulson*

Licensed Embalmer No. *4114*

P. O. Address. *1936 St. Louis Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.